**PESSIMISTIC OUTLOOK IN ADOLESCENCE INCREASES RISK FOR OBESITY AND HYPERTENSION IN EARLY ADULTHOOD**

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**Objectives** New evidence is emerging that links psychological characteristics like pessimism with risk of cardiovascular events (CVE). We tested the hypothesis that self-reported pessimistic outlook in adolescence increases the risk for hypertension and obesity in adulthood. Behavioral cardiology is emerging as a new field with several aspects of the psyche significantly affecting CVE. A negative emotional state could chronically increase stress leading to earlier onset of hypertension and obesity.

**Methods** We screened 20,745 adolescents, age 12-18 years, for self-reported strong pessimistic outlook in wave 1 (1994-1995, mean age 16) of the Add Health database based on symptoms of headache, feeling hot all over, stomach ache, feeling physically weak, feeling very tired for no reason, feeling really sick, waking up feeling tired, chest pains, joint aches, fearfulness, feeling lonely and disliked, on all or most days of the week. Those with follow-up survey data in wave 4 (2007-2008, mean age 29) were evaluated for obesity defined as BMI >30 and abnormal BP > 120/80mmHg. Statistical analysis was performed to determine the correlation between childhood depressive symptoms and subsequent CV risk factors.

**Results** Nearly 32% of adolescents reported at least one of the symptoms of pessimism while about 15% reported two or more symptoms. Risk for adulthood hypertension increased in adolescents reporting frequent headache (p-value 0.000), stomach ache (p-value 0.053), feeling tired (p-value 0.015) and perceived low intelligence (p-value 0.019). Surprisingly, both gender and race did not influence hypertension. Adulthood obesity correlated with chest pain (p-value: 0.035), muscle aches, pain (p-value: 0.004) and weight perception (p-value: 0.000). Low parental income and being Asian increase the risk for obesity.

**Conclusions** Pessimistic outlook in adolescence increases risk of obesity and hypertension in early adulthood possibly through chronic elevation of sympathetic activity or negatively impacting lifestyle through inactivity, poor diet and adverse social interaction. Targeting behavioral intervention in schools may offer substantial downstream benefit in reducing CVD burden.